

THE MEDICAL AND SURGICAL REPORTER.

No. 1015.]

PHILADELPHIA, AUG. 12, 1876.

[Vol. XXXV.—No. 7.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

R

A FLUID OUNCE DOSE OF LAUDANUM, AND ITS TREATMENT.

BY GEO. B. H. SWAYZE, M. D.,
Of Philadelphia.

On the evening of March 4th, 1876, I was hastily summoned to see Miss ——. On arriving, I was told in few words that she had shortly before emptied an ounce vial of laudanum, and swallowed it all; that having recently accidentally broken off a decaying tooth, and having suffered with toothache during that afternoon, and desiring to attend the theatre in the evening, she had sent her little brother to a drug store to procure her fifteen cents' worth of laudanum to cure her toothache; that taking a portion into her mouth and holding it upon the painful part a minute or two, she allowed herself to swallow the narcotic, and by repeating the process soon transferred the entire contents of the vial into her stomach. I further learned that the act was one of inconsiderate tampering with a remedy of the real nature of which the patient had no definite knowledge, but having been "told that laudanum was good for toothache," she thought she would try it.

The patient being wholly unaccustomed to the use of opiates, the narcotic effects of the drug were prominently manifest at the time of my arrival. I found her, an interesting and handsome young woman, lying upon the sofa. She complained of an intensely violent headache, throbbing temples, complete lassitude, disordered vision and general sensation, pain in

the region of the throat and articulations of the jaw when attempting to speak or swallow; her eyes had a wild, staring expression; there was dullness of comprehension, and loss of will power; her hands were cold, pulse frequent, feeble and irregular. She said everything around her looked "so queer," the faces of friends "seem so big," and that "everything is swimming round." Frequently pressing her hand to her forehead, she would exclaim, "Oh, my head! my head!" When I endeavored to question her in regard to the circumstances of her illness, she seemed unable to comprehend me, and begged to be permitted to "lie still and rest only a minute or two!" I was told she had vomited a small quantity of watery-looking fluid previous to my arrival, but her friends had not detected the odor of laudanum in it, although they attempted to do so.

Having possessed myself of all the bearings of the situation as rapidly as possible, that I might adopt some intelligent course of treatment, and efficiently aided by the anxious friends of the patient, I commenced the combat. Calling for some ground mustard, and warm water and a tumbler, they were promptly brought. While mixing a tumbler of mustard water, I directed that a quantity of very strong coffee be promptly made, and a teacupful brought me, with neither milk nor sugar in it. With considerable difficulty we succeeded in having the patient swallow the mustard water I had mixed. The stomach, being habitually unusually sensitive, effectually responded, and promptly evacuated the mustard water. Being unable to detect any odor of laudanum in the emesis, another

quantity of mustard water was administered, but with increased difficulty, as the stupor and indifference of the patient in regard to her situation were rapidly increasing. Again the stomach responded as before, but no laudanum. Finding the gravity of the symptoms augmenting, I concluded nothing special was to be gained by emesis. Nevertheless, once more I succeeded in having her swallow more mustard water, and again it was promptly thrown off. In the meantime the coffee had been brought in. While it cooled for a couple of minutes, I wrote this prescription and sent for the medicine:—

R.	Ext. belladon.,	grs. xv	
	Aq. menth. pip.,	fl. ℥iv	
	Syr. aurant. cort.,	fl. ℥iv.	M.

Sig.—Teaspoonful.

By constant rubbing and disturbing of the patient, she was prevented from going to sleep, although she constantly begged to be let alone for only one minute. I next succeeded in having her swallow about half of the cup of black coffee. By this time, 7 P. M., the medicine (which I shall term "the antidote") arrived, and I immediately gave her a dose. The pulse was now 100, and irregular; hands yet cold; patient yet complained of terrible pain in the head; the pain in region of throat and articulations of jaw had increased; the desire to sleep seemed overwhelming, and she piteously appealed for *only just one minute's sleep*. Her request, of course, could not be granted. In fifteen minutes I repeated the dose of antidote, and also induced her to swallow more coffee. It appeared less difficult to have her take these than previously. Directing friction to be continued and sleep prevented, and a third dose of the belladonna given in twenty minutes, I was compelled to take a temporary leave of the patient. Returning at 8 o'clock, I found the tendency to stupor less oppressive, the hands warm, the frequency of pulse diminished to 86; other symptoms unchanged.

Finding her condition thus improved, I gave more coffee, but deferred administering another dose of belladonna until half-past eight. In the meantime she became brighter, occasionally entered into conversation with her attendants, jested cheerfully, and took some light nourishment; but yet often begged to be permitted to sleep "only three minutes." From this time it was not difficult to keep her awake, and our

anxieties in regard to her situation vanished. At 11 o'clock P. M. I administered the next dose of belladonna, which was the last she required. Her vision was yet considerably disordered, and her head very uncomfortable; but feeling that danger was now entirely under our control, I instructed her attendants that in case the patient continued doing so well for a couple of hours longer, they might then permit her to occasionally doze for five minutes at a time, unless they experienced difficulty in arousing her; that they need administer no more antidote unless she appeared to grow worse; and that if she continued to do well until toward morning, they might permit her to sleep twenty or thirty minutes at a time.

I called next morning at half-past nine o'clock. Her friends had remained up with her until about 4 A. M., after which she was permitted comparatively continued rest. No more antidote had been administered. Found her much improved; pulse and skin natural; was bright and cheerful; tongue considerably furred; some swimming sensations yet in the head, and faces of friends yet appeared to her unnaturally large. I advised that a cathartic dose of sol. magnes. citrat., be administered at once; and prescribed ten-grain doses of potass. bromide every one or two hours until several doses were taken. Previous to taking the laudanum it had been arranged that this young woman should accompany a friend to New York next day. Finding her so well next morning, when I called as above stated, I consented that she might undertake the trip toward evening, which she did, comfortably and successfully.

Let us, in conclusion, notice a few "points" in this case. In consequence of deficient appetite, she had taken very little food on the day of her rash experiment. She took the narcotic upon an empty stomach. From the gradual manner in which it was introduced into the stomach, it is wholly probable a large proportion of the narcotic immediately reached the circulation by absorption, therefore neither stomach pump nor emetics could effect much benefit by evacuation, in itself considered. In such a case, depressing emetics would prove injurious instead of beneficial; while a stimulating emetic would rouse the energies of the system, even though it could accomplish nothing more. It is always important to procure emesis, if possible, by a stimulating emetic before commencing antidotal treatment; for by

so doing, the stomach is better fitted for promptly securing antidotal results from the remedies you may employ: In the case of the subject of this paper, the writer realized in a few minutes after the administration of the first dose of the belladonna that there was an amelioration of symptoms occurring, and the improvement after each dose was rapid and positive.

DISLOCATIONS OF THE HUMERUS AT THE SHOULDER JOINT

(SCAPULO-HUMERAL).

DUGAS' DIAGNOSTIC SIGNS. REPORT OF THREE CASES OF THE MEDIO-GLENOID, SUB-CLAVICULAR VARIETY, REDUCED BY A NEW METHOD AND PROCESS.

Read before the Texas State Medical Society, at Marshall, Texas, 1876,

BY GREENSVILLE DOWELL, M. D.,
Of Galveston, Texas.

Scapulo-humeral dislocations are divided by recent writers into two varieties.

1. In front of middle of glenoid cavity.
 2. Behind the middle of glenoid cavity.
- | | | |
|---|---------------------|--|
| 1 | I. Medio-glenoid. | <ol style="list-style-type: none"> 1. Extra-coracoid. 2. Sub-coracoid. 3. Intra-coracoid. 4. Sub-clavicular. |
| 2 | II. Sub-glenoid. | <ol style="list-style-type: none"> 1. Scapula. 2. Costal. |
| 3 | III. Super-glenoid. | |
- 2 { 1. Sub-acromion.
 2. Sub-spinous.

Professor Gross divides them into three.

1. Axillary—into the axillary space.
2. Thoracic—on the chest.
3. Sub-spinous.

No doubt there are nine positions the head of the humerus can take in reference to the centre of the glenoid cavity.

ANTERIOR AND POSTERIOR.

- | | |
|------------|--|
| Anterior. | <ol style="list-style-type: none"> 1.—Outer side of coracoid process. 2.—Under coracoid process. 3.—Inside of coracoid process. 4.—Sub-clavicular. 5.—Costal—on the ribs. |
| Posterior. | <ol style="list-style-type: none"> 1.—Sub-acromion—under acromion process 2.—Sub-spinous—under the spine of scapula. 3.—Sub-scapularis—under the edge of scapula. |

The division into anterior and posterior is

important in reference to the position of the elbow-joint. In the *anterior* varieties the elbow lies outside of a straight line drawn from the centre of the glenoid cavity to the anterior superior spine of the ilium; and *vice versa*, when the head is in the posterior position, the elbow is in front, or on that line.

Fig. 1 represents the arm in its natural position, with the hand resting over the right shoulder, with the elbow touching the chest.

Fig. 1.



According to Dugas, this position *cannot* be obtained voluntarily by the patient, or forcibly by the surgeon, in any of the dislocations at the scapulo-humeral articulation, provided the body is kept straight and the shoulders level.

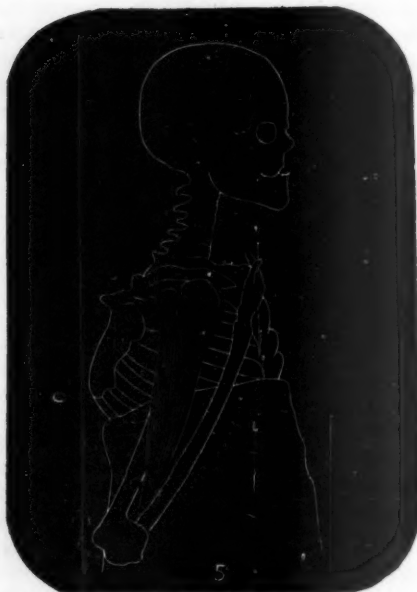
Fig. 2 (marked 5) shows the head of the humerus between the two heads of the biceps muscle, and resting against the clavicle, and posterior and superior to the coracoid process, and above its coraco-clavicular ligament. The arm is thrown back and pressed to the ribs, being the *medio-gleno sub-clavicular position*.

This dislocation is very difficult to reduce by any of the usual means, such as heel in axilla, knee in axilla, extension by bandages around arm and under and in arm pit, or by manipulations as shown in most of our text-books.

I have seen four cases of this dislocation that

defied all the usual means, three of which were

Fig. 2.



reduced by the process shown in Fig. 3, (marked 6).

Fig. 3.



REPORT OF CASES.

CASE 1.—An Irish sailor in City Hospital, Gal-

veston, 1866; dislocation sub-clavicular extra-coracoid. I tried the heel in axilla, with powerful extension by assistants, until my foot became numb and I was forced to remove it. I then got the rolling pin out of the kitchen, and held this under the axilla while powerful extension was made; still failed.

Seeing the bone was held in its position by the two heads of the biceps, the pectoralis major, latissimus dorsi and teres major locking the head of the humerus between the coracoid process and clavicle and on the coraco-clavicular ligament, I proposed to elevate it from its fixed position by a *porter bottle*, which would roll, and not be so fixed as the rolling pin. I procured the bottle and placed it in the position seen in Fig. 3, holding it by the neck with the left hand, and with the right making extension backward, outward, and downward. By so doing I raised the head out of its imbedded position. Then the latissimus dorsi, pectoralis major, and teres major assisted me in pulling it in position, the bottle rolling to let the head come down.

CASE 2.—While in Philadelphia, in 1872, I saw a case of this dislocation in Prof. G's clinic, and he tried all the usual means for its reduction and failed, but remarked, before he begun, that all surgeons had failed in some of the dislocations, and if he failed he would not feel ashamed, as Dr. L. had failed on one man at the hospital. Dr. P., of Illinois, was present, a stout, strong man. He tried to reduce it with two sheets, and also failed.

I remarked to Prof. G. that I had seen a similar case, and reduced it at last with a porter bottle in the axilla, after failing with all other means, which he reported to his class, remarking he was too much exhausted to try it, and I was so feeble I could not.

CASE 3.—Emigrant, at Austin, Texas, January, 1873. Was called to see this case, by Drs. M. and L. of that city. They had tried all the usual means and had failed. I told them of the cases reported above, and that I would try the porter-bottle again if they would put patient under chloroform, which was done, and without the least trouble I reduced it, as described in case 1, February 3d.

CASE 4.—White woman. Galveston, Texas, December 1875. I was called to see this case by Professor R., and Demonstrator S., of the Texas Medical College and Hospital. They had tried all the usual means under chlo-

roform, and had produced, on the hands and under the arms, abrasions, by the powerful extension they had made, but had failed. I made a clinic of this case, and reduced it in the presence of the class and Professors Rankin, Burrough and Dr. Sunburg, without the least trouble. Professor Burrough was a student at the time I reduced the first case, and assisted in its reduction.

All the other varieties of dislocation at the scapulo-humeral articulation are easy to reduce by any of the usual means, but I have found the latter better than the heel and knee holding it while assistants make extension and counter-extension.

Before closing this article, I wish to say more about Dugas' pathognomonic sign of dislocations of the shoulder, as some cases are very hard to diagnose, such as contusions of the deltoid, fractures in the neck of the humerus, and lacerations of the long head of the biceps. In all these cases the arm can be brought into the position as seen in Fig. 1. This is impossible in all dislocations, but can be done in all fractures and lacerations or contusions.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

Assistant Physician of the New York State Inebriate Asylum, Binghamton, New York.

Only through a careful study of the causes can the treatment of inebriety be successful. Generally, in every case, we can trace both exciting and predisposing causes. Sometimes these are intimately blended, and date back to some psychological disturbance, not yet understood. The following is an illustrative case of many of this class:—

Case 1.—Inebriety from Obscure Psychological Disorder

H., a bookkeeper, thirty-two years of age, always a vigorous, strong man. Both his parents healthy and temperate. His grandfather on his mother's side was a moderate drinker. He was born in the country; brought up on a farm; had an academical education; went at the age of twenty-one into the lumber business; was employed keeping books and overlooking the yard. He was actively engaged for ten hours a day, and was very methodical in all his habits, eating and sleeping with great regularity, and perfectly temperate from principle and general dislike of the taste and effects of liquor. Never was sick or subject to depression, always buoy-

ant and full of cheer. When twenty-five years of age, he was rendered unconscious by a stroke of lightning passing down a chimney near him. He recovered in a few moments, with no bad effects, except nervousness and trembling, which gradually wore away. Two months after, while working very intently, the sound of thunder and the approach of a storm brought on trembling and confusion of mind; this passed away with the storm, and was repeated in the next storm. He attributed this to fear, and sought company to break up this impression, with partial success. From this time, on every return of a thunder-storm, would be accompanied with similar trepidation, confusion, and depression of spirits. He would seek some friend's house and lie down; if forced to sit up, would become worse. At such times he could do no business, however pressing, but when the storm was over, regained full power, excepting a sense of weakness. A year later these periods of nervousness were more acute, and accompanied with great depression; not fear, but a sinking sensation, and dread of the future. He resisted them strongly, believing they were under his control, but with little effect. The third year these feelings appeared during the storms of fall and winter, particularly when the storm was long-continued, but were not so severe as in summer. Various remedies were used, but with no positive benefit. In the summer of the fourth year, after the first attack, while riding in the country, he was overtaken unexpectedly by a severe thunder-storm, from which he could get no shelter. The effects were so depressing that he was taken to a farmhouse, where he remained two weeks, suffering from exhaustion. Returning to his business, he began to drink strong liquors with keen relish. The approach of a storm, after this, was preceded by intense cravings for liquor, which were indulged against his wishes. Beer would not satisfy him; only brandy, whisky and pure alcohol would answer. This paroxysm of drinking seemed governed by the duration of the storm, and when it was over he regained his power of resistance, and would remain sober until another storm began. Sometimes his friends would lock him up when these cravings came on, but he would be sick for a week or more after, suffering from general exhaustion. When allowed to drink, he would recover more rapidly. From this time until he came here, his life was one of furious drunkenness, with short periods

of rest. The eyes were suffused, the retinal vessels congested, vision cloudy, and incipient tremens had appeared two or three times. He gave up business two years ago, and made every effort to save himself, but without avail. On entering here, he was very much debilitated; now, two months later, he has regained his strength, and only suffers from depression, coming on at intervals. All craving for liquor has passed away.

Comments.—This case exhibits a combination of exciting and predisposing causes, as mysterious as they were powerful. How far the electrical condition of the atmosphere, or a previous predisposition inherited, or the evident psychical disturbance due to the shock from the electrical currents, influenced or produced inebriety; or whether inebriety was merely an explosion of mental disorder dating from the shock, which would have ended in insanity if this had not come on, are all questions that cannot be answered.

Many of the most incorrigible cases that come here are from families of wealth, where inebriety came from want of control and neglect of early training. From indiscriminate indulgence in every caprice and desire, the child grows up with no control of the appetites, and unsteady mental and physical powers. The passions and emotions are always preponderating in their influence, breaking up healthy restraint and prudent provision against mental disturbance. As a result, they are moved by the currents of feeling and passion, and are swept into all kinds of disorders, from which they have little or no power to extricate themselves. Like forest leaves, they are moved with every change. They come here with no respect for rules, or continuous effort, or the authority of superiors. All wholesome restraint is irksome, and all law or rules irritating, against which they constantly rebel. They cannot be trusted, and often lack sympathy and forbearance for others, and are insensible to obligations which make others happy. They are grumblers, finding fault, and filling the air with discontent; wanting to be cured, but unwilling to follow the course prescribed. These obstacles can seldom be overcome, and they go away from here to relapse again, and become persistent enemies of all asylums and methods of cure. Sooner or later they develop some form of mania, or have softening of the brain, and disappear. We have always a number of these

patients, who are termed repeaters, because they have been here before, or, perhaps, to other institutions. We give an illustrative case:

Case 2.—Inebriety from Want of Early Training.

B., thirty-one years of age. The only son of wealthy parents, who were healthy and temperate, only drinking wine moderately at dinner. His early life was devoid of all training, his parents only seeking to gratify his every wish and desire. Every caprice was humored, and even his education was under his own dictation. Private tutors were one after another discharged, and after a very limited knowledge of the first rudiments, he gave it up and went traveling. When eighteen years of age, he began to drink wine steadily. If crossed or thwarted in his wishes, he drank to intoxication. Then he would require medical attendance. Two years later he had become an opium-taker and drunkard, drinking at irregular times, and taking opium after. He was sent to an inebriate asylum when twenty-four years of age, and from that time has gone from one asylum or hospital to another; in the meantime, when out, plunging into the deepest excesses, then going back. He has been fourteen times to these places for opium and drinking, and been round the world twice during these intervals; consulted with all the leading physicians, and been victimized by every noted quack; taken remedies of all grades and descriptions.

Comments.—This case is similar to many others, who were originally of good health, and with self-control might have been useful. They drift from place to place, staying long enough to become partially restored, and then relapse into all sorts of excesses; so alternating, incurable, and always difficult to manage. It is noted that the number of curable cases are increasing here yearly. This is due to the enlarged intelligence of friends and physicians of patients, who encourage a better class to come, and at an earlier date of the disorder. These cases are among business and professional men, and come in full sympathy, and willing to aid the physician in any and every effort. The following is a typical case:—

Case 3.—Inebriety from Irregularities of Living.

H., a strong, healthy man, and seaman by occupation. Both parents healthy and temperate, living on a farm. When fifteen years old he went to sea, and finally became an officer on

the ship; then he was raised to captain on a lake steamer. He lived a regular life, liquor was nauseating, and he prided himself on the great care of his health and superior strength. Five years ago, when thirty-four years of age, he became part owner and captain of a large passenger steamer plying between two cities at night. Being very popular, his boat was crowded, and he made money very fast; this stimulated him to be up late at night and early in the morning, taking rest through the day. The second season he began to drink liquor with relish, when he got up in the morning. He was aware of the danger, but could not resist these desires, particularly after much night work. A year later he drank to intoxication frequently, and could not help himself. Various means and remedies were tried, but all failed. At length he left his place and drank steadily, using beer for a time, hoping to break up this craving, but always resorting to brandy after a few days. For a year he gave way to violent excess, at times; then came here. Liquor was never pleasant to him, and the first glass had to be highly flavored to be tolerated by the stomach; after that all discrimination ceased.

Comments.—This was a case of inebriety that sprang directly from irregularities of work, and want of sleep at proper times. The same irregularities in different surroundings, and debility following, might run into some other disorder. Removal of the exciting cause, and restoration of regular habits of living, are followed by a rapid decline in these cravings for liquor, and finally a complete cure.

Many cases of this class simply need the quiet and wholesome restraint of asylum life; nature will do all the rest. Others need, in addition, tonics and special dietetic measures, with the prompt recognition and treatment of particular conditions that arise. Where the patient acts in full sympathy with the physician, the paroxysms of periodical cases may be anticipated and avoided; but where this is not done, a close study and watch of the case for a long time is necessary to successful treatment. The following represents a large class of cases that go away restored, and seldom relapse in after-life:—

Case 4.—Inebriety from Dyspepsia.

Q., a musician; born of healthy, temperate parents; brought up on a farm; was healthy and robust until twenty years of age. Began his

musical studies, and boarded at a large hotel. The food was rich and abundant, and he ate very heartily, taking little or no exercise. One year of close application to study brought on dyspepsia, manifested chiefly in headache and stomach pains. His appetite became capricious, and his bowels constipated. He continued his studies at a water-cure for nearly a year, and was benefited. At times, during the next two years, the dyspepsia returned, but was never serious, or long-continued. Then he became leader of a large musical enterprise, to which he gave very close attention, neglecting proper exercise. The dyspepsia returned with more severity, and active treatment was continued for the next two years, resulting in only partial relief. Then, in disgust, he began to treat himself, using the patent bitters with success. He was strong, and apparently well, except this difficulty, with no taste for liquor, and temperate from principle. After a time, he found that whisky, in the morning, relieved him from all bad symptoms. This became a favorite medicine. The dyspepsia disappeared, and cravings for liquor came on, which, if not gratified, would be followed by stomach pains and depression, unfitting him for business. From this time on his fall was rapid, going from grade to grade, drinking steadily, sometimes to intoxication lasting for weeks, and then a short period of abstinence, followed by the same course. When brought here, he was on the verge of tremens, had delusions, was unable to eat, could not walk alone, suffered from severe headache, and was very much prostrated. After two months the desire for stimulants had gone, the dyspepsia had ceased from troubling him and his general health had very much improved. He is under treatment yet.

Comments.—In this case dyspepsia was clearly the starting-point of the disorder, perverting and breaking up normal nutritive action. Inebriety is found to follow, as a sequence, most frequently, all dietetic disorders, and to be practically most amenable to treatment when from this cause. The intimate connection between the mind and the nutritive functions manifests itself very often in disordered tastes and cerebral disturbance, together or separately, requiring close discrimination to ascertain the first cause. Cases beginning in neglect, indigestion, dyspepsia, then drunkenness, hypochondria and death, are very common in every community. Under proper

treatment at asylums, a very large percentage can be thoroughly cured. Inebriety is a self-limited disease; remove the exciting causes, and it terminates speedily. A condition remains predisposing to a return of the disorder under similar exciting causes. The mysterious manner in which these causes affect the system through the senses has many strange illustrations here. A patient was thrown into paroxysms of drunkenness or drinking by hearing water or other fluid poured from one glass to another. Another always drinks after smelling the full odor of liquor; if he passes a saloon or liquor store, he is obliged to cover his face. Another feels the cravings after hearing stories of drinking. A third will stop short on sight of a drunken man, and has no desire whatever; but let the drunken man go out, and these cravings return. One man becomes sober at once if highly incensed or angry. This has been used as a means to restore him many times. One man drinks hard in severe, cold weather, and is sober through the summer; another drinks in the summer and abstains in the winter, etc.

A CASE OF HYDROPHOBIA.

BY W. E. ANTHONY, M. D.,
Of Providence, R. I.

I was asked to see, in consultation with Dr. Hunt, of East Providence, a case in his town, but upon my arrival at the house I found that the patient had been dead about two hours. The history of the case as given me by Dr. H., and gleaned from the family, is as follows:—

Emma Sherman, aged fourteen years, of previously healthy condition, was taken sick on Friday, June, 23d, 1876. She first complained of unconsciousness, headache, and a slight chilly sensation. Upon her attempting to take a drink of water she was seized with a violent spasm of the throat, which prevented her swallowing. From this time she had a great aversion to any liquid, and the sight of water would throw her into spasms, and the attempt to force any medicine of a liquid nature was followed by severe spasms of the throat and convulsive tremors, with a suffocating cough, which rendered it absolutely impossible for her to swallow any fluid. There was a constant thirst, and with it an increased secretion of saliva, of a stringy character, which she was constantly endeavoring to expel. There was also extreme nervous irritability, a draught of

air causing her great distress. The sudden closing of a door or the sight of any new face would occasion extreme nervous paroxysms, almost amounting to convulsions.

The paroxysms occurred with increasing violence during Saturday and Sunday, the second and third day. During her quiet intervals the intellect was unimpaired, and she was able to take nourishment in a solid form; in fact, the last words she spoke, a few minutes before a convulsion occurred which ended her life, was to ask for some cookies.

On Monday, A. M., the paroxysms were very violent, until about half an hour before death, when she became quiet and asked for something to eat. But, suddenly, without any premonition, a violent paroxysm occurred, and she died from suffocation.

The mother of the child had been bitten by a rabid dog about three weeks previous to the time the daughter was taken sick. The daughter took the dog away at the time, and tied him up in another part of the house. She was not able to state with positiveness whether the dog had bitten her or not. He had snapped at her while she was securing him, and might have done so. There were two wounds, one upon her foot, and one upon the leg, which she thought might have been caused by a bite from the animal. The dog was frothing at the mouth, and she got some of the saliva upon her person and clothing, she being barefooted at the time.

A post-mortem examination, made five hours after death, showed rigor mortis strongly marked. A careful examination of the brain, throat, heart, lungs, and other organs failed to discover any deviation from a healthy condition.

The case was one of unmistakable hydrophobia, developed within twenty-one days from the time of exposure, and running its course to a fatal termination within four days from the time of invasion.

In the *St. Petersburg Medical Zeitung*, Dr. F. Herrmann gives the statistics of hydrophobia in that city from 1863-74 inclusive. There were 1274 persons bitten by mad dogs. Of these dogs 198 had true hydrophobia, 103 were suspected of hydrophobic symptoms. Only 25 of those bitten suffered from lyssa. The average period of incubation was five or six weeks, the maximum period 135 days. Post-mortems gave no constant result, and were generally negative. Treatment was without results.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA.

At a meeting on May 3, a number of cases were read illustrating

Local Injuries of Nerves and their Trophic Consequences,

with comments, by S. Weir Mitchell, M. D.

He said:—The present state of uncertainty as to the existence of trophic nerves makes unusually interesting every example of lesions giving rise to altered nutritive states. On this account chiefly the following cases may prove of use. They have also a novel value, owing to the fact that, in several of them, careful maps have been made of the loss of sensation.

The first case related was one of almost unique rarity.

James Graham, a night watchman, was wounded by the accidental discharge of a pistol, on the night of January 29, 1871, the ball entering the anterior part of the arm, passing obliquely downward and backward through the belly of the biceps flexor muscle, and making its exit on the posterior aspect of the limb, about one and a half inches nearer the distal extremity of the limb than the point at which it entered.

Profuse hemorrhage followed the reception of the wound, but was controlled by the application of a compress and bandage, and no unusual features were observed, at that time, by the surgeon in attendance. The patient seemed to be doing well until February 9, when secondary hemorrhage occurred. This was again controlled by a compress until the 12th, when a recurrence of bleeding took place. A compress was again applied, followed by another hemorrhage on the following day. Recourse was now had to acupressure, by which means the hemorrhage was restrained during the next eight days, but about twenty-four hours after removing the needle bleeding again occurred.

An incision was now made at the point of entrance of the ball, and a false aneurism, of the size of a hen's egg was found, having its origin in a small opening on the posterior aspect of the brachial artery, and communicating with the wound. This was emptied, and ligatures were placed upon the vessel, both above and below the opening. The wounds of entrance and exit seemed to indicate that the missile in its course through the arm must have grazed the humerus, but no denuded nor detached portions of bone were observed at the time of the operation.

Slight numbness of the forearm and hand was noticed soon after the reception of the injury, and steadily increased as the cure progressed. The pain also, at the seat of injury, which at first did not seem excessive, steadily increased in severity, and at length became exceedingly intense.

The hygienic conditions of the patient's apartments were of the most unfavorable kind. This,

coupled with the large and repeated losses of blood, doubtless disposed the case to an unfavorable termination. Suppurative inflammation invaded the entire limb. Several abscesses formed about the elbow and in the forearm, and excessive suppuration took place about the incisions made for the purpose of applying the ligatures; no further hemorrhage occurred, but the patient's condition gradually became worse; symptoms of pyæmia supervened; and death took place on March 19th, forty-nine days after the reception of the wound.

At the post-mortem examination, made on the following day, the tissues of the arm were found greatly infiltrated with pus. Closure of the ligated ends of the artery had taken place. No connection between the severed ends of the brachial artery could be discovered, and the circulation through the limb seemed to have been very imperfectly and inadequately carried on.

The surface of the humerus was found to be denuded of its periosteum for an inch or more in extent, at a point corresponding to the line of the wound, and a portion of the bone had evidently been detached. No appearances of repair could be seen. Had the patient lived somewhat longer, necrosis of a considerable portion of the bone would evidently have occurred.

A longitudinal portion of the bone was found attached to the sheath of the median nerve, at a point in close proximity to the seat of the original wound.

One end of the mass, about one-third of an inch in length, was removed in making a section for microscopic study, and was not preserved.

An examination of the specimen shows its firm attachment to the nerve-sheath, and a microscopic section gives evidence that this fragment of bone was in progress of growth. At least the comparative sizes of the canaliculi (those near the surface being larger than those near the central portion) would seem to warrant such a conclusion.

This case seems to me unusual and interesting. Verneuil reports a case of a fragment of periosteum carried away by a ball and lodging on a nerve, where it developed bone.

Dr. Mitchell, in his work on "Injuries of the Nerves," reported a case of wound of the left infra-maxillary branch of the fifth nerve from a splinter of bone broken away from the right side of the lower maxilla, and carried across the mouth by the ball.

A number of analogous cases were added. Two of them well illustrated the extreme difficulty of explaining the pathogenesis of tissue change from nerve lesions. We may have, from injuries seemingly alike, joint diseases, or glossy skin, or herpetic eruptions, or circumscribed blisters, or deep ulcers, or altered nails, cedema, atrophy, or hypertrophy. The circumstances which regulate the production of these several pathological states are as yet unknown to us. At present we can only confess our ignorance.

At a meeting June 7th, a paper on

Hysterical Affections of the Eye

was presented by George C. Harlan, M. D., surgeon to Wills Hospital. He said:—

Though the term "hysterical" is a vague and indefinite one, which most of us would rather not be called upon to accurately define, still it has a conventional meaning, and, by common consent, is made to include a large class of cases in which there may be decided or even alarming symptoms without real disease. The expression is used here in its broadest sense, as it is not my intention to undertake a discussion of psychological pathology, but merely to call attention to a class of eye symptoms which I believe are not sufficiently dwelt upon in the text-books, and which I feel sure are very often misinterpreted in practice. I have more than once met with interesting, but rather mysterious, cases which had been reported in good faith by experienced surgeons, but which seemed to me to be clearly of this character; and, without doubt, a large proportion, if not all, of the magical cures of blindness by galvanism, that we occasionally hear of, may be referred to this class of cases.

The hysterical affections of the eye that have come under my notice have appeared to me to include three kinds of patients.

I. Those who are the subjects of a kind of moral insanity, or, at any rate, of an insane perversity; who deliberately simulate a disease for months or years; who, in short, may be called hysterical malingerers; and who, to be cured, need only to be exposed.

II. Those who really believe themselves to be affected as they profess to be, and are honestly anxious to be cured; who are subjects of hysterical paralysis; and whom it would, perhaps, be unjust to accuse of acting a part.

III. Those who are subject to irregular nervous action, to paralysis or spasm without assignable cause, but in whom there is no question of mental or moral complication.

Almost any derangement of vision may be counterfeited. A little girl of eight years complained that every object that she looked at seemed covered with diagonal white lines, the direction of which she indicated with her finger. As the ophthalmoscope revealed a normal fundus, a favorable prognosis was given. This was made more positive the next day, when the white lines changed to blue, and was justified by the early disappearance of the difficulty.

In the second class of cases we have more or less retinal anesthesia, with anomalous and variable symptoms, changing, perhaps, at each examination.

In the third class of cases the parts affected have been the retina, the muscle of accommodation, the external muscles of the eyeball, and the elevator of the upper eyelid.

It is not very uncommon to meet with patients who have apparently perfect eyes and full acuity of vision, but who say that the test

letters become blurred and unrecognizable after they have looked at them for a few seconds. That this is due to an exhaustion of the sensibility of the retina, which disables it from the sustained performance of its function, and not to an irregular action of the accommodation, is shown by the fact that it persists when the eye is fully under the effects of atropia.

A partial failure of the accommodation may occur in nervous persons, either alone or in connection with other symptoms. Very satisfactory results may sometimes be obtained from the use of weak convex glasses, in the case of ladies who are quite young and entirely emmetropic. Exception may be taken to including the opposite condition of accommodative spasm among hysterical affections, because it usually occurs in connection with some error of refraction. In a very large proportion of cases, however, the subjects are delicate women, and the error of refraction is a very slight departure from the normal standard, such as would not be felt by a person of fair average strength and nervous equilibrium. In other words, it is only the exciting cause, a strong predisposition existing in the temperament of the individual. These cases are of quite frequent occurrence in ophthalmic practice.

Irregularity in the action of the external muscles of the eyeball, particularly insufficiency of the internal recti in convergence, is not uncommon in patients of this class, and frequently complicates their other ailments. A young married lady, a painfully hysterical subject, could scarcely use her eyes at all, though they were perfectly healthy and emmetropic, and the acuteness of vision was normal. The external muscles seemed, as it were, to have dissolved partnership, and each to act on its own account when she attempted to converge. Their irregular and variable action made anything like an accurate measurement of their force impossible.

The following is one of several cases in which there was occasional double vision from spasmodic action of one of the external muscles.

Miss M., a little below par in general health, and of extremely nervous temperament, complained that frequently, without warning and without special exciting cause, as at the dinner table or at the opera, everything suddenly appeared double, and at the same time it was evident to her that she had lost control of the movements of one eye, which felt as if forcibly turned to one side. On closing the lids and pressing the ball for an instant, the symptoms would disappear. The acuteness of vision was normal, the balance of the external muscles for distant sight correct, and refraction nearly emmetropic. The correction of a hypermetropia of $\frac{1}{2}$ did not prevent the recurrence of the annoyance.

There is one more affection to which I wish to call attention; it is of especial interest, because, though in this class of cases of little moment, it may be, in others, a symptom of

very grave lesions. I refer to a temporary paresis of the elevator of the upper lid.

There is a great difficulty, sometimes an impossibility, of opening the eyes when rousing from sleep. Some patients are able to raise the lid naturally after several vigorous efforts of the will, while others are obliged to raise it with the fingers, and to rub or bathe it before acquiring control over its action.

This occurs always on awakening, whether in the morning, during the night, or after a nap in the daytime, and is naturally the occasion of much uneasiness. I have notes of four such cases, occurring in delicate ladies, and evidently of a hysterical character.

Two recovered entirely, though not very quickly, under the use of tonics; a third lived at a distance, and I saw her only once; and the fourth is still under treatment. In the last, the affection is of long standing, and is peculiar in the fact that for many months it was confined to one eye.

The patient, about eighteen months ago, had difficulty in opening the left eye on awakening, the trouble lasting, at that time, for a few weeks only. About a year ago it commenced again in the same eye, has persisted since, and during the last few months has involved the right eye also, though to a less degree. Always when tired or weaker than usual she has the annoyance to a much greater extent; at times she is almost free from it. Her health is very feeble, she has had attacks of ague, etc., and is subject to functional palpitation of the heart and nervous prostration. There have never been any brain symptoms.

The only example of this affection that I have seen in the case of a man, rather confirms the view of its hysterical character.

Two Cases of Gunshot Wounds of the Thoracic and Abdominal Cavities

Were reported by William S. Forbes, M. D., Senior Surgeon to the Episcopal Hospital. After describing them, he added the following practical suggestions on the treatment of such injuries:—

The treatment of these injuries in these two cases was simple and efficacious. Rest, and this rest enforced and maintained by opium and by diet, was the entire treatment.

The practice of probing gunshot wounds of the great cavities of the body for missiles, or, indeed, for any purpose whatsoever, is entirely at variance with this principle of rest, and in my opinion is as pernicious as possible. Several cases have of late attracted public attention, in which this practice has been pursued, and in which, a fatal termination having followed, it has been brought to light during trials for homicide in our courts; notably the case of Fiske, who was shot in his abdomen by Stokes, in New York.

It is not difficult to trace this practice to its source. It in part arises from the desire of the surgeon to remove the foreign body, which he believes will give rise to a greater trouble by

remaining, than any effort on his part to remove it can accomplish. An error in judgment. The patient, too, believing himself in more peril while the ball is in him than any search for it could make, is anxious.

Thus, to carry out his own judgment, to satisfy his patient, and to accomplish so desirable a triumph in the presence of anxious friends, and perhaps to have his name published to an admiring world, the surgeon is tempted to search—perhaps with only a finger, “the best of all probes”—and thus to perform an act which, more than probable, he will have ample time to repent.

Some authors, too, of weight, from a loose if not an ambiguous way of expressing themselves on this point, give a *quasi* approbation to this practice of probing gunshot wounds of the cavities, when the missile remains. The accomplished Hennen, usually so exact and perspicuous, is on this point at fault. In the second edition of his *Military Surgery*, in the 19th chapter, the one on gunshot wounds of the abdomen, at page 401, he thus expresses himself: “The search for extraneous bodies, unless superficially situated, is altogether out of the question, except they can be felt by a probe.” Headde, “asin Ravaton’s case” (*Chir. d’Armée*, p. 241). And Cooper, in his *Dictionary of Surgery*, repeats the expression as the highest authority. And of late other surgeons have followed in the beaten tract. The phrase “except they” (the extraneous bodies) “can be felt by the probe,” implies that the probe may be used; nay more, that it must be used.

Mr. Longmore, in his excellent article on gunshot wounds, in *Holmes’ System of Surgery*, speaking of penetrating wounds of the abdomen, says: “The ratio of recoveries after these wounds in both the French and English armies in the Crimea was very small. Out of 124 penetrating wounds of the abdomen in the English army, 115, or 92.7 per cent., died; out of 121 in the French army, 111, or 91.7 per cent., died.”

In our own war, Dr. Otis (*Medical and Surgical History*, Part II, Vol. 2, *Surgical History*, p. 202) tabulates 3717 cases, of which 3031, or over 81 per cent., terminated fatally.

Mr. Longmore also states that “recoveries after penetrating wounds of the small intestines by gunshot are very rare;” he says “if the liver be wounded, death usually results from primary hemorrhage, or from inflammation consequent upon extravasation into the peritoneum. In a few instances patients have recovered after gunshot wounds involving this viscous. About twelve instances altogether have been published by Guthrie, Hennen, Cooper, and others who were engaged in military practice during the Peninsular campaigns. Only one case is known to have survived from the Crimean war.”

The record of our late war, however (Otis, op. cit., p. 148), “supplies thirty-two examples not to be excluded, by the most rigorous analysis, from the category of recoveries from shot wounds of the liver.”

EDITORIAL DEPARTMENT.

PERISCOPE.

Liquor Potassæ in Chlorosis.

In the *Canada Medical Record*, Professor A. P. Reid gives this case:—

A. B., aged twenty-four, came under charge at the Provincial and City Hospital, with the following history:—Had been admitted about two months previously, under one of my colleagues, complaining of nervous debility; there was amenorrhœa, and the ordinary symptoms of chlorosis. The recognized means of relief had been judiciously used, but without any benefit; in fact, the house-surgeon said she was worse than on entering.

Examination showed that there was no recognizable disease of the heart, lungs, kidneys, stomach, or liver, but amenorrhœa strongly pronounced, anæmia and impoverished blood, venous hum and anæmic cardiac murmur, and general anasarca, which simulated the last stage of Bright's disease, with inability to even sit up in bed.

I concluded that the best tonic or alterative would be liquor potassæ, as it excels all other diuretics in the amount of solids carried away by the kidneys. Its use was contra-indicated from its known effect of producing debility and a watery state of the blood when long continued, and as well of impairing digestion. Evidently, however, the patient would not hold out unless relieved speedily, and the liquor potassæ was given a trial—ten-minim doses in mucilage three times a day.

In the course of two days the very swollen condition of the legs was a little ameliorated (no bandaging being used), and the appetite was, if anything, better.

This improvement continued, and in the course of two weeks she was able to sit up, the anasarca having quite disappeared. The cardiac murmur was lessened, and the pasty color of the skin was a little relieved.

In three weeks' time the liquor potassæ was discontinued; she had become very well, and was able to leave the hospital in five weeks quite restored, milk and nourishing diet, with, liquor potassæ, being the only means used.

Since then I have frequently resorted to this drug in anæmic amenorrhœa, and, with few exceptions, with very great satisfaction, and in no case have I seen it productive of injury.

In considering the course of chlorosis, we first have retention of the masses of an excrementitious blood, which debilitates, if it do not poison, the assimilating properties of the tissues; and if this be the fact, an agent which would stimulate and assist excretion should be the most efficient medicine. Such we have in

liquor potassæ, and to this I attribute its curative power. The blood poisoning being removed, the assimilative powers rapidly recuperate, without the necessity for special tonics.

During my last three months' duty at the hospital, every case (six in number) of uncomplicated chlorosis was placed on liquor potassæ, and all got well rapidly, without other medication, unless a laxative when necessary.

Syphilitic Phthisis.

The subjoined case, reported in the *British Medical Journal* by Dr. C. DeG. Griffith, has points of general interest. He remarks:—

I must differ from M. Fournier in his diagnostics of the syphilitic forms of phthisis which he enumerates—viz., lesion unilateral, circumscribed, without predilection for summits of the lungs; slow development of the pulmonary lesion, while the general condition remains good; no hereditary transmission (of syphilitic phthisis). As the case I append will illustrate my reasons for differing from most of M. Fournier's diagnostics, I will now merely say that I believe very many of the fatal pulmonary affections of childhood, accompanied with alteration of lung-tissue, are due to transmitted syphilis.

Colonel B. came under my observation some years ago, and having had the candor at once to tell me he had contracted syphilis in India, I immediately put him on specific treatment, with the effect of removing his then present symptoms—syphilitic skin affections. From time to time he would fall into a state of ill health, accompanied with syphilitic manifestations. Though I could find no family history of phthisis, I feared he would fall a victim to it, and advised him never to allow himself to be put under a course of mercurial treatment. He was ordered away from London, and had to undergo some hard service with his regiment. The old enemy appeared, and made upon him a vigorous onslaught. He was put upon calomel vapor-bath treatment. The syphilitic skin and bone affections were combated, but he was terribly reduced; and pectoral symptoms showing themselves, he remembered my warning, and becoming alarmed, he obtained leave and came to London. Phthisical symptoms were quite evident—the cough, the altered voice, the cachexia, the diffuse bronchitic or bronchopneumonic râles, etc. Percussion revealed general dullness over both lungs, with, it is true, here and there a circumscribed patch, in a condition which I attributed to pulmonary apoplexy, such as occurs in ordinary tubercular phthisis, and not dependent on any syphilitic peculiarity. The apices of both lungs were implicated; and there was nothing in the case which would point to the true nature of the dis-

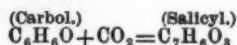
esse, save the history and the effect of former and present measures for cure. The treatment now was essentially specific; and such great improvement was made, that he was soon able to visit Cairo and winter in Egypt, which quite set him up—a plan he adopted for a few years, so that now he is strong enough to reside in England during the winter months.

He was, at the time of his first attack of syphilitic phthisis, about forty-five or forty-six years old. This patient was particularly sensitive to potassium iodide, which in small doses quickly produced iodism, while larger doses had the effect of maddening him, and producing intense exhaustion. As soon, therefore, as the potassium iodide began to disagree, I alternated it with acid nitric, which used to act most beneficially, and materially help to eliminate the syphilitic ferment; then, when the acid began to produce profuse perspiration, return was made to the other drug.

The Chemistry of Salicylic Acid.

Professor Binz says, in a recent number of the *Practitioner*:—

This agent is destined to occupy no transitory place in the long list of medicines. Known long ago as one of the component parts of the essential oil of the American *Gaultheria procumbens*, of our *Spiraea ulmaria* and *Monotropa hypopitys*, which oils contain it in the form of salicylic methyl-ether, it was formerly prepared from salicine, the bitter principle of the willow, from whence its name is derived. Salicine is decomposed by saliva, or by boiling with diluted acids into saligenin and sugar, and saligenin wants only one atom of oxygen more to become salicine. Subsequently it was successfully produced from carbolic acid. This well-known product of coal-tar has a very close relationship to salicylic acid, as the addition of one equivalent of carbonic acid to the formula of carbolic acid gives that of salicylic, as shown in the following diagram:—



The process, however, by which this transformation was effected continued to be rather expensive until a few years ago, when Professor Kolbe, of Leipzig, instituted a new and inexpensive process for the purpose, which is essentially as follows: He heats carbolic acid and hydrate of sodium together in a receptacle so contrived that a stream of carbonic acid is made to pass through the mixture, thus inducing the desired union of elements. The product so formed is the salicylate of soda, from which salicylic acid can be easily set free by any stronger mineral acid.

The salicylic acid of commerce is a yellowish-white powder, having somewhat the odor of carbolic acid. In order to obtain it quite pure, it is necessary to heat the crude acid in a porcelain vessel covered over with filter-paper. The pure acid sublimes and attaches itself in

the form of fine colorless needles upon the paper. One needs to apply the heat very cautiously, however, since salicylic acid is decomposed at a higher temperature back into carbolic and carbonic acids.

The pure acid thus prepared has no odor, is of a sweetish taste, dissolves in about 300 parts of water, very readily in alcohol, ether, and chloroform, but most readily in water containing an alkali in solution; with the alkalis presented in this manner it forms neutral salts.

Abdominal Section for Intussusception.

The English journals have recently contained several papers on this procedure. The points which were urged by the authors were mainly these:—

1. The operation should be undertaken, if all other means fail, in acute cases of not more than twelve or eighteen hours' duration, and in chronic cases in which there had been no symptoms of inflammation or strangulation of the intestine (Howard Marsh).

2. It is of great importance not to delay the operation until hemorrhage occurs. The significance of the symptom has been misunderstood. It has been supposed by some to indicate the commencement of the processes which lead to the sloughing and detachment of the invaginated part of the bowel. This is a mistake; but hemorrhage is often evidence of extreme congestion and swelling of the part—a condition which might be fatal in itself, or render the operation a failure by making it impossible to reduce the intussusception when the cavity is opened (Hilton Fagge and Henry Howse).

3. It is probable that it will be found much easier to effect reduction by drawing the sheath downward from off the contents than by drawing the contents upward from within the sheath. The difficulty in reducing by traction results from the fact that the sheath becomes puckered up into rings, which act as so many strictures upon the contents. It is possible that, by attention to this rule, reduction may sometimes be effected without bringing the parts out of the abdominal cavity (Jonathan Hutchinson).

Treatment of Elephantiasis Nasi by Decortication.

M. Ollier, in the *Lyon Medical*, says:—Where the size and thickness of the mass require complete ablation, decortication by means of the knife has a number of inconveniences, such as erysipelas, and more particularly hemorrhage, and that not only at the time of operation, but even ten days or a fortnight following the cicatricial process, since the diseased masses themselves are highly vascular, and the periosteum and perichondrium are perforated by vessels difficult to tie, and even if directly closed by clot there is great danger of secondary hemorrhage. M. Ollier therefore used a small cutting cautery heated to white heat, and with great care made the required dissection with one fin-

ger in the nose of the patient, in order to appreciate the thickness of the tissues. Latterly, he has used the galvanic cautery (or galvanic knife), as at will one can either augment or decrease its capabilities as a cutting or hæmostatic agent. He calls particular attention to the management of the resulting denuded surface, it being an advantageous course to leave, when possible, small islets of healthy tissue, whilst the tension of the cicatricial process will have the effect of stretching them, and thus render them of use in covering the organ. The aperture of the nostrils should not be interfered with, and a small zone of skin should be invariably left, even at the risk of an ugly-looking pad, as the retraction will sooner or later involve it, and regulate the size of the nostrils. In dissecting off the tumor, great care must be taken in the management of the perichondrium. The process is difficult and laborious, but it is better to leave a layer of that membrane than to denude the cartilages, as they will necrose at the points where it has been removed. Too great retraction of the nostrils, if threatened, may be combated by judiciously plugging each aperture separately.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Sixty-second Annual Report of Massachusetts General Hospital, 1875. The average number of patients for twelve months was 16½ more than for 1874. The "free list" was considerably increased, and the average cost per head two dollars above that of the previous year.

—Annual Circular of White Cliff Mineral Springs, East Tennessee. This advertisement of a sanitarium, like its congeners, makes too many assertions without due authorization. Personally, we know nothing of the hygienic influences of this section, but we infer, from the report, that such claims are beyond contradiction.

—Annual Report of the Pennsylvania Reform School, 1876. This is a register, by the attending physician, of an epidemic, typhoid in character, which raged through the wards from December, 1874, to April, 1875. The non-stimulating plan was adopted. A glance at the report shows that the virus must have been introduced by the drinking-water, which was obtained from wells in proximity to vaults and sewers. The managers are, in every way, reprehensible for this epidemic in the school.

—Proceedings of Medical Society, County of Kings. This, the second issue, contains, beside other interesting contributions, a thesis on "Opium Inebriety," by Dr. Mattison. This is discussed in two phases—the moral and morbid. Missiles of censure are let fly on the improvident prescription, by medical men, of the drug. The treatment touches the rejuvenation of the nerve.

—Report of Forty Cases of Cataract Extraction, by George Strawbridge, M. D., of Philadelphia. The method of Graefe was favored in twenty-seven, of forty cases, and of all the operations ninety per cent. were successes.

—The *Semi-Tropical*, Jacksonville, Florida. This monthly magazine, for May, has a number of entertaining chapters on Southern horticulture, and a pithy editorial on hospitality and its abuses.

—Professor Greenville Dowell has in press a work on yellow fever, giving the results of his very extensive experience in that disease. It may be had at this office.

—Hurd & Houghton, New York, will shortly publish a little work on "The Anatomy of the Head," by Thomas Dwight, M. D., Professor of Anatomy in the Medical School of Maine. One of the most important features of the book will be six full-page lithographs of frozen sections of the head, which have been drawn with great care from the original specimens.

BOOK NOTICES.

Seventh Annual Report of State Board of Health of Massachusetts. January, 1876.

This survey abounds in new and vital sanitary hints, and combats two or three evils in particular, which have hitherto passed without a special disposal. The dampness of soil due to insufficient drainage is discovered to be widespread through the State. Irrigation is recommended for the towns, and intercepting sewers for cities. The water-carriage system is advocated as important for *public*, as it always has been thought for private, privies. Dry earth is urged as a common disinfectant for all kinds of excrement. A section is devoted to the laws of house-draining, and traps ordered through the pipes at every waste inside a dwelling. The erroneous belief that ice relieves itself of all impurities by freezing, is shattered by a report of

a violent endemic of a typhous type in a seaside hotel, attributed and traced to the impregnation of drinking-water by impure ice. The various sources of pollution were scientifically examined, the inspection of the water-supplies was analytical, the numerous suggestions fair samples of sound hygiene. The Board has unearthed the sanitary frauds with admirable pluck.

Memoires sur la Galvano-caustique Thermique.

Par le Docteur A. Amussat, fils, avec 44 figures. Paris, 1876. pp. 126. Paper.

The name of Amussat is inseparably connected in the history of surgery with one of its boldest operations. The son of that eminent surgeon presents us with this original and able work on Galvano-Cautistics. Commencing with a historical chapter, he sketches the progress of discovery in this branch from 1800 to the present year. He then devotes fifty pages to a description of *l'anse galvanique*, and the methods of employing it. The operations in which he uses it are such as ganglionic enlargement, cysts, erectile tumors, phimosis, circumcision, anal fistule, strictures of the urethra and rectum, uterine polypus, lipomata, etc. A special chapter is consigned to the author's cases of cancer of the neck of the womb, and he believes that in the galvano-cautery we have an efficient ally against this terrible malady.

The wood-cuts are beyond praise. We have never seen better, and the paper and typographical work do them no discredit. A few copies have been placed with us on sale. Price \$2.00.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. von Ziemassen. Vol. xi. New York, William Wood & Co.

The eleventh volume of this Cyclopedia contains the diseases of the peripheral cerebro-spinal nerves, by Professor Wil. Heinrich Erb, of Heidelberg, translated by Mr. Henry Power, of London. These diseases he divides into such as are functional and such as are anatomical or organic; though he acknowledges that this distinction is defective, and, indeed, untrue, as every so-called functional disease must be associated with definite organic changes.

The neuroses of the peripheral nerves include those of the nerves of sensation (neuralgia), and those of motion (spasm and paralysis). These forms of disease, so far as they originate

from the portion of the nervous system under consideration, are treated at great length. In the treatment a large variety of methods are discussed, and particular prominence is given to electrotherapy. External applications for neuralgia are not regarded with much favor. General constitutional treatment is repeatedly urged.

The anatomical changes of the nerves occupy but about thirty pages out of the 608 pages of the volume. These include hyperemia, neuritis, atrophy, and hypertrophy of nerves. The author throughout shows extensive reading and a firm grasp on the subject he has chosen, one of the most difficult, by the way, in the whole art of medicine, to deal with satisfactorily. **Medical History of our West African Campaign.**

By Surgeon Major Albert A. Gore, M. D. London, Bailliere, Tindall & Cox, 1876. Cloth, pp. 220.

The author of this volume was sanitary officer on the staff of the quartermaster-general's department during the Ashantee war of 1873, and in a series of chapters presents a vivid and correct account of the medical features of that campaign. In a general way, he describes it as characterized by a very high percentage of sickness, with comparatively light mortality. The malaria, though very prevalent, has not the rapidly fatal results it manifests in some parts of the coasts. The surgical report is similar; there were many wounded men, but comparatively few killed outright, the negroes having very inferior arms and ammunitions.

The temperature in the campaign was generally 85°-95° in the shade in the daytime, with cool, damp nights. The force of the sun was about 150°. Yet few cases of insolation are mentioned. Dysentery and ague were the two main agents in thinning the ranks. Prophylactics did not do much good. Surgeon Gore makes the statement (page 164):—"The general idea among the European residents in West Africa is this: that quinine has little power as a prophylactic against fever, and that when taken *de die in diem* it loses its power as a remedy." In dysentery, the ipecac treatment (twenty or thirty grains at a dose) was tried almost exclusively, with the best results. He has much to say about the use of alcohol, concluding that it does no harm when taken in moderation, at proper times and places. The work is a valuable contribution to surgical literature.

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LIFE INSURANCE SYSTEMS.

The system of Life Insurance is one which in theory is admirable, and in practice is detestable. That a man can provide for his family or his own old age, by handing his savings, as they accrue, to an institution who will guarantee a much larger amount than their sum if he meets a death earlier than the average, is a benevolent design, and none the less so that it is a profitable one to the institution itself.

But there are most serious objections to it, some easily remedied, some difficult to reach. The system of "forfeitures" is one most unfair and iniquitous. That any man or any company should be authorized to take advantage of poverty because it is utterly destitute, and of need because it is at the sorest, is bad and demoralizing. Personally, we can have no confidence in, and can entertain no respect for the boards and companies who foster and defend this system. Yet companies boast that all their expenses are paid by forfeited policies!

Of course, this is a stimulus to the organizing

of dishonest and fraudulent companies. So long as men claiming integrity defend the robbery of their customers whenever these are most in want, one may be certain their moral sense is so obtuse that they will rob them at any other time, opportunity given.

This is especially the case when the insured dies. Then the medical certificate is searched, and a series of questions sent to the family and friends of the deceased, to see if some pretext cannot be found to refuse or at least to litigate the policy. Having been the recipient of such a string of inquiries, we speak knowingly when we say they are deliberate snares to catch the confiding and innocent.

The medical examinations for companies are too often mere shams. This is generally owing to the weakness of the physician and the greed of the agent. The profits of the latter depend on the good risks he gets; and as he generally chooses his own medical examiner, he is apt to find one not too rigid.

The insuring the lives of children has led to so many abuses that it is largely discounted in this country, and in England no insurance of more than ten pounds is allowed on a child under five years of age. This must be solely for the benefit of the parent or his (her) representative.

This is held to be a judicious provision, on the ground that the general insurance of children would be certain to increase their mortality. If this is well grounded—and we do not doubt it—the reverse plan should be one well calculated to diminish the infantile mortality which remains so alarming a problem in sanitary legislation.

Suppose that a company was organized somewhat on the endowment plan, admitting the insurance of children of all ages, the principal to revert to their parents or themselves, as provided, when they reach adult life, there would be an extra stimulus to parental care and affection. Such a plan is said to have been in operation in Chili for many years with good results.

NOTES AND COMMENTS.

New Ophthalmological Instruments.

Prof. Donders, at a recent lecture in London, exhibited an ingenious instrument, the Cyclo-scope, intended to show the direction of the meridians, the great circles, the direction of the circles, and the parallel circles of the field of vision. The Horopteroscope is an instrument designed for the determination of the line-horopterplane at different degrees of inclination of the plane of fixation and at different degrees of convergence. By this contrivance we find the position for close work with the hands, and which, according to the inventor, has in course of time determined the angle between meridians of apparent equal direction; whilst the Isoscope enables us to determine the angle between the meridians of apparent vertical and horizontal directions at any degree of convergence, separately or simultaneously, and investigate at the same moment how lines or objects in the field of vision influence these angles. By another instrument equally ingenious, the Photostereoscope, we are enabled to determine the relative value of the second eye for binocular vision; whilst the Noematachometer accurately registers two sounds, two lights, or a light and a sound (by sliding prism rods and frames), the difference in time between two impressions, and to a perfect certainty. The priority of two impressions can also be determined by this instrument.

Deafness as an Intracranial Disease.

At the recent meeting, in this city, of the Conference of Principals of Deaf-mute Institutions, Dr. Turnbull, of Philadelphia, was invited to speak, and entertained the Conference with illustrations of the external and internal ear. He believed that deafness (excluding cases manifestly due to disease of the apparatus of hearing) is a rare complication of intracranial disease. It is much less common than disease of the optic nerve, extending to the brain substance. One case he had recorded of abscess and tumor in the cerebellum with deafness of one ear. Dr. Jackson, of London, had recorded a tumor of the left cerebral hemisphere, where there was deafness of both ears.

These facts go to prove that the brain of the deaf and dumb is as capable of receiving and retaining any amount of intellectual knowledge as that of his hearing brother or sister, pro-

vided it is made available to him by the eye, not by the ear.

At Dr. Turnbull's conclusion a vote of thanks was extended that gentleman for his entertaining and instructive lecture.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter IX.

EDUCATION OF THE BLIND, DEAF AND DUMB.

CENTENNIAL EXHIBITION, July 25th, 1876.

ED. MED. AND SURG. REPORTER:—

In my last letter I dwelt on the subject of the ear, and the interesting exhibit of Professor Politzer, in the Austrian Department. This letter I shall devote to the blind, giving the mode of instruction in the United States, and the illustrations as afforded by the Exhibition, concluding by a brief reference to the condition of the deaf and dumb, and what has been accomplished for them during the last hundred years. The benevolent citizens of these United States, soon after the war of Independence, laid down their arms, and in bonds of brotherly affection sought out the blind, the deaf, and the dumb, and provided homes and asylums for those destitute and grievously afflicted ones. In New England this was accomplished soon after 1800; in our own State, Pennsylvania, the Institution for the Deaf and Dumb was organized about 1820. The wants of the blind were not provided for until a later period. In 1833 the Pennsylvania Institution for the Instruction and Relief of the Blind was founded (at that time there was one institution in Massachusetts and New York, now there are twenty-seven), and has continued ever since, under a board of able managers, who devote their time and talents to the successful work.

Indigent blind persons are admitted and maintained for eight years, at the charge of the State; they receive a good practical education in literature and music. Those who leave the institution in good standing receive an outfit to aid them in obtaining occupation, as, for instance, books, mechanics' tools, or apparatus, as they may need. Children are not admitted under eleven years of age, and it is recommended in the report of 1875 that the "blind between the ages of eight and eleven years should be placed in the common schools of the State, in their neighborhood, to be taught the elementary branches, and to acquire habits of study preparatory to their being admitted into the institution, which method has been practiced in Scotland for the last five years." An appropriation of a moderate sum annually is advised for the admission of a limited number of adults into the Pennsylvania Working Home for Blind Men (which we will refer to) already

in successful working order in West Philadelphia. A larger number of the younger ones could thus take their place. Another advantage would be the gathering into the class room of these before their sense of touch becomes blunted and the work of mental and moral discipline more difficult." Those who are able to pay for their instruction and support are charged three hundred dollars per annum, or even a less sum, according to their ability to pay.

As the institution has grown in years, it has also increased in usefulness, providing for the mental wants of this class of our citizens by numerous books, the variety of which may be estimated when the list alone covers two pages of the Annual Report—from the "Blind Child's Primer" to the "History of the United States." In such elaborate works as dictionaries there are no less than two. A dictionary of the English language, in three volumes, in the raised types. This dictionary had the valuable supervision of the late Robley Dunglison, M. D., LL. D. It is constructed on the basis of Worcester's, by his permission, and printed in the Roman capitals. The second is a musical dictionary. Among new and important works which are forthcoming is the first volume of Marx's Universal School of Music, prepared by the distinguished and talented blind organist of this city, Mr. D. D. Wood, for the National Printing Association of this city. Mr. N. B. Kneass, Jr., who devised this method of music printing in relief, has so far perfected it as to supply a want long felt, by introducing a practical system of printing raised music for the blind similar to that in general use for the seeing student. Besides this large number of books (92), there are various ingenious means of instruction, as, for instance, pin-type printing, arithmetic slates and figures, algebraic letters and signs, writing cards, Braille's writing boards, as well as maps, models, and implements of trade, amusement and instruction. These articles, books, etc., were at one time imported from Holland, France, or England, but now we export, and are able to supply the world, with great improvements in apparatus, books, etc., in every department for the instruction of the blind. The course of study has been enlarged, comprising, now, reading, writing, pin-type printing, arithmetic—mental and slate, geography, maps, etymology, grammar, dictionary, rhetoric, history, natural history, elocution, English and American literature, physiology, astronomy, physics, chemistry, logic, constitution of the United States, mensuration, algebra, geometry, latin and calisthenics. One pupil continues to maintain a creditable standing in the scientific course of the Pennsylvania University, and another graduated with honor in the literary and classical department of last year (1874), in the same institution.

The musical department, under the able direction of Mr. Hahn, is conducted with great success. The valuable instruction of Mr. D. D. Wood, on the church organ and piano, and

theory of music, is one of the most interesting and useful departments; to this has been recently added piano tuning and repairing, and with encouraging results. These facts so well established prove that the blind are capable of receiving an education, not only in the usual branches of literature and science, but even maintain a creditable standing in the universities. Experience has also shown that they can acquire certain handicraft branches, but some of them fail or soon forget what they have acquired, without a helping hand. Blind men, however perfectly they may have acquired their trades, find it difficult to hold their place, on leaving the institution, in the workshop of the seeing; and to work alone is to them very depressing, owing to their early habits of association. The friends of the blind, therefore, on April 19th, 1875, organized two new institutions, the Pennsylvania Working Home for Blind Men, and also one for women, providing constant employment to a number (20) of blind men, and about the same number of women. In both institutions they offer employment to those who are willing to work, making themselves self-supporting, neither depending on their friends nor the community for aid. There is a small sum charged per week to those who can pay it, and donations and legacies are received and desired by the managers, so as to be able to support those in the institution who are not able to help themselves, either from disease or accident, or who cannot earn a sufficient sum for their full support. It is stated in the last report, 1875-6, that as a rule, the men are industrious; in fact, in many cases, the difficulty is not to get them into the workshop punctually, but to get them to cease at the hour for closing. These men know the terrors of enforced helpless dependence, and are willing to work hard and live cheaply, that they may lay up something for the future. One of the blind and deaf inmates, during the month of October, made, at brooms, over his expenses, the sum of \$11.70. In November he made, in the same way, \$17.44.

There are six trades represented, viz.: Broom making, carpet weaving, harness, mattress, and brush making, and cane seating. Those who are interested will find a display of their work in the Pennsylvania Building, Centennial Exhibition, where will also be seen the various articles made by the blind pupils of the Pennsylvania Institution, by which, during the year, there was realized by their labor the sum of fifteen thousand dollars by two hundred inmates, and this is but a small number of the blind of Pennsylvania, the whole of which, in 1870, was 1767, according to the United States census returns. Having thus given a notice of what is being done in the United States to ameliorate the condition of the blind during the forty-three years in which the chief institutions have been in operation, we turn with pleasure to the contributions which have been made to the Philadelphia Centennial Exhibition from abroad in 1876. The first of these is the exhibit from the Netherlands.

We have a valuable contribution from the Blind Institution at Amsterdam (Holland), which will give an idea of what has been accomplished for the relief and instruction of the blind in that good land. There is a chest containing a wooden box, exhibited by I. H. J. Stokking, teacher of manual work, containing, A. means of instruction for the blind; B. some articles made by the pupils, much of the same character as those made in the Pennsylvania Institution, with a few exceptions, which we shall enumerate. Pipe covers of wire (with name and figures); tape slippers; snow-socks; a bottle around which a cane plaiting is woven; watch guard, on pasteboard; christening veil on pasteboard; a tablecloth, with the words "Philadelphia, Amsterdam, Anno 1876," knit by a deaf and blind pupil; woolen shoes, by the same pupil; knit carpet-bag, game-pouch or satchel. All these (eighteen) articles have been made for and by the pupils of the institution for the instruction of the blind at Amsterdam, from December 1st, 1875, till January 15th, 1876.

Means of instruction—a raised map of Asia, also one of the province of North Holland. These maps of bead work are found, by experience, to answer very well the purpose for which they are intended, and it is stated that the pupils are quicker in the use of them than other pupils of the same age who see, and they are very fond of learning geography in this manner.

Then there is Braille's writing frame, enabling blind persons to write, and it was interesting to see in one of the frames, with raised movable type, a phrase of "Yankee Doodle," and this wish, set up by blind fingers: "All hail and prosperity to the Philadelphia Exposition." We here make room for the following beautiful little letter, written, according to an accompanying statement, by a girl of thirteen years:—

"AMSTERDAM (Netherlands), January, 1876.

—If the boys and girls of the Blind Asylum at Amsterdam venture to take an active although very humble part in the famous International Exhibition at Philadelphia (United States), it is only to show to the world how a good education is of extreme importance to the blind, as by its aid many will succeed in life who without it would have been helpless, unhappy, and a burden to themselves, their friends or to society.

"A closer union between the educated blind of different countries and parts of the world is already giving the happiest results in disseminating information, cheapening and simplifying educational apparatus, and improving by it, the happiness and well-being of the blind throughout the civilized world.

"May the great Philadelphia Exhibition of 1876 not pass by without having produced some efficacious amelioration in the deplorable fate of the blind also!"

No. 5 is a wooden screen, with different letters and figures, used for teaching music, reading and arithmetic. 6. A graduated series of spelling and reading books, from one

to ten. In looking over them we were pleased to see how gradually the child was first interested in short descriptions of animals and minerals, man, thinking and doing, cause and effect, reality, comparison, etc. 7th is the Gospel of St. Mark. 8th, a set of cards used in teaching mathematics, made by Mr. Stram, the head master of the school.

In the Swiss department there are some interesting reports of the operations of institutions for the instruction of the blind, with general regulations, "Lausanne," 1864; also reports, 1873-1874. Statutes "Berne," 1874; constitutional reports, 1861-1874. In these schools they employ the alphabet of Braille, which is given in the reports.

We examined the exhibits of France and Belgium, and called upon the officer of the Commission, but found that they had made no display in this department.

Having devoted more space to this interesting subject than we at first intended, we shall reserve for a future letter the department of the Deaf and Dumb. Yours, L. T.

NEWS AND MISCELLANY.

The American Academy of Dental Surgery

Met at the Centennial grounds, July 27th. Addresses were made, and letters read by and from the following: Dr. George H. Perine, President of the Academy; Professors Frank H. Hamilton, M. D., Allen McLane Hamilton, M. D., Alfred L. Carroll, M. D., Charles I. Pardee, M. D., John M. Carnochan, M. D., Austin Flint, M. D., of New York; Professor William T. Flint, M. D.; Professor Joseph Leidy, of Philadelphia; W. O. F. Bascome, M. D., of Hamilton, Bermuda, and Dr. John Belisario, of Sydney, Australia.

The question of establishing dental chairs in medical colleges came up, and was earnestly discussed by Drs. Perine, Hamilton and Carroll, and Professors Flint and Leidy.

Professor W. T. Flint, M. D., College of Medicine, New York State, said they were deeply interested, in the western part of the State, in the subject under discussion. It was their conviction that dentistry should be taught in medical schools, and they had in contemplation the establishment, at no distant day, of dental chairs in that college. He believed in the co-education of dental and medical students, and would gladly coöperate in the promotion of the object proposed.

Professor Joseph Leidy, M. D., University of Pennsylvania, said he knew their faculty felt strongly the importance of dental surgery as a branch of medical education, and had been desirous of having chairs established for the purpose of teaching it in connection with the University. This course had been recommended and urged, but thus far the Board of Trustees had refused, as sufficient influence had not been brought to bear on them by the medi-

cal and dental profession. The influence of the Academy would do much to promote the object proposed.

A letter was read from Professor Allen McLane Hamilton, M. D., Long Island College Hospital, indorsing the measure, as he had long recognized the importance of studying the connection of the diseases of the teeth and those of the general nervous system. A paper by John C. Story, M. D., Dallas, Texas, giving a statement of the condition of the profession in the Southwest, and the movement progressing there, was then read and discussed. Several other topics of minor importance came before the meeting, and late in the afternoon, with a vote of thanks to the commissioners for the use of their room, the Academy adjourned to the fourth Tuesday in September, to meet then in New York.

The Pennsylvania State Dental Society.

On July 26th, this Society held its eighth annual meeting in this city, Dr. E. T. Darby, President, in the chair.

There was a large attendance of prominent dentists and of the medical profession. After the usual routine work, a number of active and corresponding members were elected, and a large number of donations were presented. Among these were a curious plugging machine, and a new substance for filling teeth, from J. P. Michaels, Paris, France, and a rare specimen of liliputian or dwarf tooth from Dr. John D. Miles, Vicksburg, Miss. A large and interesting anatomical collection was received and exhibited, from Dr. Belisario, Sydney, Australia.

The American Medical Association.

The *Boston Medical and Surgical Journal*, July 6, contains under this heading some severe strictures on the Permanent Secretary of that association, Dr. Atkinson. If that journal had been fully acquainted with all the facts of the case, it would certainly not have admitted those criticisms, as they are very unjust, to a laborious and efficient officer. The blame, if there is any, for the "shortcomings" specified, must rest with the committee of arrangements, where it belongs, and the effort to lay it upon the shoulders of the Permanent Secretary solely, is, as we personally know, one not justified by the occurrences.

The Ann Arbor School.

Dr. A. Sager writes us that the alleged corporate disconnection of the regular and homoeopathic faculties in this school is "a mere technical quibble." Seeing that the position of this institution is before the Judicial Council of the American Medical Association, to be reported upon at the next meeting, this journal will in future contain no statements in regard to it.

Spiritualism.

A committee of the University of St. Petersburg have reported on spiritualistic phenomena to the effect that they are to be attributed "either to unconscious movements or to conscious imposture." Well said.

Personal.

—Among other eminent surgeons who will be in Philadelphia to attend the session of the International Medical Congress, we are authorized to mention Mr. Lister, of Edinburgh.

—A practical joker chose as his victim a young doctor. "Doctor," said he, "I have a curious malady—a constant desire to lie. Can you do anything for me?" "Certainly," said the youthful Esculapius, scenting mischief in the air. He mixed a nauseous compound, and thrust a dose of it into the pretended patient's mouth. "But it's horribly nasty," exclaimed the latter. "There," said the Doctor, "you see I have cured you by one dose. You speak the truth perfectly."

OBITUARY.

PROFESSOR EHRENBURG.

The distinguished microscopist, Christian Gottfried Ehrenberg, senior professor in the University of Berlin, died in that city on June 27th, at the age of 81. Ehrenberg was born at Delitsch in 1795; and in March, 1827, having already made for himself a scientific reputation, he was appointed an extraordinary professor in the Berlin University. In 1829, he was selected by Alexander von Humboldt to accompany him and Gustav Rose in their expedition to Siberia. In 1839, he was appointed ordinary professor in the University of Berlin. Ehrenberg did much to bring the microscope into use as an instrument in scientific investigation. His great work on the *Infusoria*, the materials of which were collected during his travels with von Humboldt and Rose, is well known in the scientific world. Ehrenberg had for several years been disabled, by illness and old age, from performing his professional duties.

QUERIES AND REPLIES.

J. F. D.—"Is it consistent for members of medical societies to consult with female physicians?"

Reply.—We are surprised that at this time of day any one should ask such a question. As many female physicians among us are much better educated, and are much more respectable in conduct (inasmuch as they neither smoke, drink, nor swear) than the majority of male physicians, it is not only consistent but improving to consult with them.

J. W. P.—Will some of your readers suggest the most prudent precautions for accoucheurs to observe in order to avoid syphilitic inoculation in making examinations per vaginam?